

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.L.	59	7/2-1-8
O.I.P.E. CLASSIFIER	87	852	858
FORMALITY REVIEW			10-2-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/5
2	✓	✓	10/5
3	✓	✓	10/5
4	✓	✓	10/5
5	✓	✓	10/5
6	✓	✓	10/5
7	✓	✓	10/5
8	✓	✓	10/5
9	✓	✓	10/5
10	✓	✓	10/5
11	✓	✓	10/5
12	✓	✓	10/5
13	✓	✓	10/5
14	✓	✓	10/5
15	✓	✓	10/5
16	✓	✓	10/5
17	✓	✓	10/5
18	✓	✓	10/5
19	✓	✓	10/5
20	✓	✓	10/5
21	✓	✓	10/5
22	✓	✓	10/5
23	✓	✓	10/5
24	✓	✓	10/5
25	✓	✓	10/5
26	✓	✓	10/5
27	✓	✓	10/5
28	✓	✓	10/5
29	✓	✓	10/5
30	✓	✓	10/5
31	✓	✓	10/5
32	✓	✓	10/5
33	✓	✓	10/5
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35	✓	✓	10/5
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40	✓	✓	10/5
41	✓	✓	10/5
42	✓	✓	10/5
43	✓	✓	10/5
44	✓	✓	10/5
45	✓	✓	10/5
46	✓	✓	10/5
47	✓	✓	10/5
48	✓	✓	10/5
49	✓	✓	10/5
50	✓	✓	10/5

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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